



MAYA ASSURANCE COMPANY
45-18 Court Square Suite 502, Long Island City, NY 11101
Tel: 718-937-2010; Fax: 718-937-2050

Endorsement Requests

Effective Date: ____/____/____

Producer's Name: _____

Producer's Code: _____

Insured's Name: _____

Policy Number: 1-MA00

☐ Change of Insured's Address

New Address: _____

City: _____ State: _____ Zip: _____

Tel Number: _____ Cell Number: _____

Provide the following required Copies:

Utility Bill (Telephone, Gas, Electric, Water, Cable); Rental Agreement

☐ Change of Radio Base

Present Base: _____ New Base: _____

Radio Base License Number: B0 _____ Radio Unit / Car Number: _____

Provide following required copies:

Original Base letter with Seal, TLC Diamond

☐ Change of Symbol:

Requesting Symbol: _____ Present Symbol: _____

Requesting Rate: \$ _____ Present Rate: \$ _____

AS THE OWNER/DRIVER OF THIS POLCY I UNDERSTAND THAT IF I CHANGE MY ADDRESS OR RADIO BASE I WILL NOTIFY THE PRODUCER AND/OR THE INSURANCE COMPANY. I WILL ALSO NOTIFY MY PRODUCER AND/OR THE INSURANCE COMPANY OF ANY DRIVER CHANGES ON THIS POLICY.

FRAUD REGULATION: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURNACE COMPANY, FILES AN APPLICATION CONTAINING ANY MATERIALLY FALSE INFORMAITON OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT WHICH IS A CRIME.

Insured's Signature: _____ Print Name: _____

Driver's Signature: _____ Print Name: _____

Producers Signature: _____ Date: _____